

NATICK BOARD OF HEALTH

2016 FLU VACCINE CLINICS

For Natick Residents Age 3 and older

Wednesday, October 5

10:00am - 12:00pm

5:00pm – 7:00pm

**Community Senior Center
117 East Central Street**

Thursday, November 10

5:00pm – 7:00pm

**Town Hall
13 East Central Street
2nd Floor**

Regular and High Dose Flu Shots Available

**Bring a copy of your HEALTH INSURANCE CARD,
If you have one (for Reimbursement)**

***All Flu Shots are **FREE** of charge,
Regardless of Insurance Status***

Registration Forms available at:

- **www.natickma.gov/health**
- ***Board of Health***
- ***Community Senior Center, Morse Library, Cole Center***
- ***And at the Clinics***



***For more information, Contact the Board of Health at 508-647-6460
Or email health@natickma.org***

2016-2017 Flu and Pneumo Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive vaccine (please print): *REQUIRED FIELDS

Name: (Last, First, MI) *	Date of birth: * ____/____/____ Month Day Year	Age *	Sex: (Circle) * Male Female
Street Address: *			
City: *	State: *	Zip: *	Phone: * ()

Insurance Information: Include the whole member ID number and any letters that are part of that number

Name of Insurance Company: *	Member ID Number: *	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes No	Is Subscriber Retired? Yes No

If person getting vaccinated is NOT the subscriber, please complete the following:

Subscriber's Name: (Last, First, MI) *	Subscriber's Date of Birth: * ____/____/____ Month Day Year	Sex: (Circle) * Male Female
Subscriber's Street Address: * (If different from address above)		
City: *	State: *	Zip: * Phone: * ()
Patient Relationship to Subscriber: (Circle) * Spouse Child Other		



I give permission to be vaccinated and for my insurance company to be billed.

X _____ Date: _____
(Signature of patient, parent or legal guardian)

For Clinic/Office Use Only:

Date of Service (Circle)	Vax Type	Vaccine Mfr (Circle)	Lot No	Exp Date	Dose (mL)	State Supplied (Circle)	Preserv Free	Injection Route	Injection Site (Circle)	Date On VIS	Date VIS Given
10/05/16 11/10/16	IIV4	Sanofi Pasteur GSK-ID Biomedical			0.5	Yes No	No	IM	R Arm L Arm	8/7/15	Same as date given
10/05/16 11/10/16	Fluzone High Dose (IIV3-HD)	Sanofi Pasteur			0.5	No	Yes	IM	R Arm L Arm	8/7/15	Same as date given

IIV4 = Inactivated influenza vaccine, quadrivalent

IIV3-HD = Inactivated influenza vaccine, trivalent, high dose

Signature of Vaccine Administrator:

X _____

Provider Name: Natick Board of Health

MDPH Provider PIN#: 11202

Provider Address: 13 East Central St, Natick, MA 01760